

ORTHOPEDIC CERTIFIED SPECIALIST (OCS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which condition is classified as a non-acute cause of thoracic pain?**
 - A. Acute bronchitis
 - B. Pneumonia
 - C. Peptic ulcer disease
 - D. Rib fracture

- 2. Which muscles actively resist excessive anterior translation of the glenohumeral joint (GHJ)?**
 - A. Supraspinatus and Subscapularis
 - B. Teres Major and Infraspinatus
 - C. Infraspinatus and Teres Minor
 - D. Deltoid and Latissimus Dorsi

- 3. Which muscle serves as the superior border of the Quadrilateral Space?**
 - A. Infraspinatus
 - B. Teres Major
 - C. Teres Minor
 - D. Subscapularis

- 4. To address participation restriction, which intervention should a physical therapist use for a patient with potential nerve injury?**
 - A. A stretching routine for the wrist
 - B. A peg board activity to simulate a work task
 - C. A range of motion exercise for the shoulder
 - D. A relaxation technique to reduce pain

- 5. A patient experiences pain when biting down on a rolled piece of gauze. What is the next appropriate intervention?**
 - A. Soft tissue mobilization and stretching of the right side masseter
 - B. Application of ice to the affected area
 - C. Occlusal splint fabrication
 - D. Postural training

- 6. What physical assessment finding would indicate a likely Morton's neuroma diagnosis?**
- A. Increased range of motion in the ankle
 - B. Palpable tenderness over the Achilles tendon
 - C. Compression of the metatarsals reproducing symptoms
 - D. Limited dorsiflexion range of the foot
- 7. What type of injury is most common in children falling on their outstretched arm?**
- A. Ulnar collateral ligament sprain
 - B. Radial head fracture
 - C. Scaphoid fracture
 - D. Distal humeral fracture
- 8. What does an ultrasound typically confirm in suspected cases of septic arthritis?**
- A. Presence of a fluid collection
 - B. Bone spurs
 - C. Joint degeneration
 - D. Ligament tears
- 9. Which nerve might be implicated in pain radiating from the left groin to the medial thigh?**
- A. Saphenous Nerve
 - B. Femoral Nerve
 - C. Obturator Nerve
 - D. Common Peroneal Nerve
- 10. Which medical condition significantly increases the risk of developing adhesive capsulitis after a labral repair?**
- A. Hypertension
 - B. Diabetes mellitus
 - C. Osteoarthritis
 - D. Hypothyroidism

Answers

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1. C
2. C
3. C
4. B
5. A
6. C
7. B
8. A
9. A
10. B

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Explanations

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1. Which condition is classified as a non-acute cause of thoracic pain?

- A. Acute bronchitis
- B. Pneumonia
- C. Peptic ulcer disease**
- D. Rib fracture

Peptic ulcer disease is classified as a non-acute cause of thoracic pain because it often results in chronic discomfort that can be persistent or recurrent rather than sudden or severe, which is typical of acute conditions. Peptic ulcers are sores that develop on the lining of the stomach or the upper part of the small intestine, leading to symptoms such as pain, discomfort, and sometimes complications like bleeding over time. This condition can lead to a dull or burning pain that is typically related to meal timing or stress, rather than presenting with sudden onset symptoms. In contrast, conditions like acute bronchitis and pneumonia usually involve an acute inflammatory process in the lungs, often accompanied by sudden onset and a notable change in respiratory function. Rib fractures result from trauma and present acutely with pain that is typically sharp and exacerbated by movement or breathing. These conditions are marked by their immediate and severe symptomatology, distinguishing them from the chronic nature of peptic ulcer disease.

2. Which muscles actively resist excessive anterior translation of the glenohumeral joint (GHJ)?

- A. Supraspinatus and Subscapularis
- B. Teres Major and Infraspinatus
- C. Infraspinatus and Teres Minor**
- D. Deltoid and Latissimus Dorsi

The infraspinatus and teres minor play a crucial role in stabilizing the glenohumeral joint, particularly in resisting excessive anterior translation. These muscles are part of the rotator cuff group, which is essential for maintaining the stability of the shoulder during movement. The infraspinatus and teres minor are positioned posterior to the shoulder joint and assist in external rotation. This external rotation helps to counteract any excessive anterior movement of the humeral head, as the shoulder is designed to maintain the head of the humerus in the glenoid cavity during arm motions. Their ability to engage and exert a stabilizing force directly supports the joint, reducing the likelihood of anterior displacement. Understanding the biomechanics of these muscles is vital for recognizing how they contribute to shoulder stability. When they are properly functioning, they can effectively resist forces that would otherwise lead to an unstable shoulder, especially during activities that require overhead motion or when the arm is in a forward position.

3. Which muscle serves as the superior border of the Quadrilateral Space?

- A. Infraspinatus
- B. Teres Major
- C. Teres Minor**
- D. Subscapularis

The correct answer is Teres Minor, which serves as the superior border of the Quadrilateral Space. This anatomical space is clinically significant because it contains important neurovascular structures, including the axillary nerve and the posterior circumflex humeral artery. The Teres Minor is a small muscle located on the posterior shoulder, and it functions primarily to externally rotate the humerus and assist in shoulder stabilization. In terms of anatomy, the quadrilateral space is defined by four borders: superiorly by the Teres Minor, inferiorly by the Teres Major, laterally by the humerus, and medially by the long head of the triceps. Understanding these relationships is crucial for diagnosing and treating shoulder pathologies, especially those involving the axillary nerve or vascular supply to the shoulder region. This visual and functional relationship of the Teres Minor as the superior border is essential for clinicians when assessing shoulder injuries, as it helps in identifying the areas to focus on during examinations or imaging studies.

4. To address participation restriction, which intervention should a physical therapist use for a patient with potential nerve injury?

- A. A stretching routine for the wrist
- B. A peg board activity to simulate a work task**
- C. A range of motion exercise for the shoulder
- D. A relaxation technique to reduce pain

The most appropriate intervention for addressing participation restriction, particularly in the context of a patient with a potential nerve injury, is the use of a peg board activity to simulate a work task. This approach focuses on functional activities that are essential for the patient's daily life and occupational responsibilities. Engaging in a peg board activity directly relates to improving dexterity, fine motor skills, and overall hand function, which are crucial aspects impacted by nerve injuries. By simulating a work task, the therapy not only aids in physical rehabilitation but also promotes the patient's reintegration into their daily activities and occupational roles. This kind of targeted practice addresses the specific participation restrictions that the patient may experience due to their injury. While stretching routines, range of motion exercises for the shoulder, and relaxation techniques can be beneficial in various contexts, they do not specifically target the functional participation aspect as effectively as a peg board activity does. Stretching and range of motion exercises primarily focus on improving flexibility and movement within a joint or muscle group but may not translate into enhanced participation in daily tasks. Relaxation techniques can help in pain management but do not directly address the functional capabilities required for participation. Thus, the peg board activity stands out as the most effective intervention in facilitating functional recovery and enhancing participation in work.

5. A patient experiences pain when biting down on a rolled piece of gauze. What is the next appropriate intervention?

- A. Soft tissue mobilization and stretching of the right side masseter**
- B. Application of ice to the affected area
- C. Occlusal splint fabrication
- D. Postural training

The situation describes a patient experiencing pain that may suggest a muscular or temporomandibular joint (TMJ) issue, particularly involving the masseter muscle, which is responsible for biting and chewing. Performing soft tissue mobilization and stretching of the right side masseter muscle directly targets the area of discomfort and may help alleviate pain through improved muscle function, reduced tension, and enhanced range of motion. This intervention promotes relaxation of the muscle, potentially addressing any trigger points or tightness that could be contributing to the patient's symptoms. The other interventions may not be as directly effective for the specific issue presented. While application of ice can reduce inflammation and provide temporary relief, it does not address the muscle tightness that may be causing pain during function. Occlusal splint fabrication is beneficial for protecting the teeth and reducing strain on the temporomandibular joint but does not provide immediate relief for muscle discomfort. Postural training may improve overall positioning and muscle function in the long term, but it does not directly address the acute pain associated with biting. By focusing on soft tissue mobilization and stretching, the intervention is tailored to address the immediate source of the patient's symptoms, which can result in quicker relief and improved functionality.

6. What physical assessment finding would indicate a likely Morton's neuroma diagnosis?

- A. Increased range of motion in the ankle
- B. Palpable tenderness over the Achilles tendon
- C. Compression of the metatarsals reproducing symptoms**
- D. Limited dorsiflexion range of the foot

The presence of compression of the metatarsals reproducing symptoms is a key physical assessment finding that strongly indicates a diagnosis of Morton's neuroma. Morton's neuroma is a condition characterized by the thickening of the tissue around a nerve leading to the toes, often between the third and fourth metatarsals. When pressure is applied to the metatarsal region, it can compress the inflamed nerve, worsening symptoms such as pain, tingling, or numbness radiating into the toes. This reproducibility of symptoms under compression is a hallmark sign clinicians look for during the physical examination. In contrast, increased range of motion in the ankle, palpable tenderness over the Achilles tendon, and limited dorsiflexion range of the foot do not indicate Morton's neuroma. Increased ankle motion typically suggests normal joint function or flexibility rather than a nerve entrapment condition. Tenderness over the Achilles tendon points towards conditions like Achilles tendinopathy or bursitis rather than issues related to Morton's neuroma. Lastly, limited dorsiflexion may indicate ankle joint or gastrocnemius tightness and is unrelated to the symptomatology and pathophysiology of Morton's neuroma. Therefore, while those options could suggest other musculoskeletal

7. What type of injury is most common in children falling on their outstretched arm?

- A. Ulnar collateral ligament sprain
- B. Radial head fracture**
- C. Scaphoid fracture
- D. Distal humeral fracture

When children fall on an outstretched arm, the most common type of injury they sustain is a radial head fracture. This occurs due to the mechanics of such a fall, where the force transmitted through the arm at the elbow can result in a fracture, particularly at the radial head, which is the top of the radius bone near the elbow joint. The susceptibility of this injury in children is also influenced by their developing skeletal systems, where the growth plates are still open, making certain areas, like the radial head, more prone to injury during falls. The scenario of a fall onto an outstretched arm aligns well with the biomechanics of this fracture, as the force typically impacts the elbow region directly. Understanding the occurrence of radial head fractures in this context is important for appropriate diagnosis and management, helping to ensure that treatment addresses not just the fracture, but also the potential for any associated injuries in the surrounding structures.

8. What does an ultrasound typically confirm in suspected cases of septic arthritis?

- A. Presence of a fluid collection**
- B. Bone spurs
- C. Joint degeneration
- D. Ligament tears

An ultrasound is particularly useful in the evaluation of suspected septic arthritis because it can effectively identify the presence of a fluid collection within the joint space. In cases of septic arthritis, the joint often becomes inflamed and filled with pus or other fluid due to an infection, and ultrasound is a non-invasive imaging modality that allows practitioners to visualize this fluid accumulation without requiring more invasive procedures such as arthrocentesis or MRI. The ability to detect a fluid collection is crucial for diagnosis, as it often necessitates further intervention, such as aspiration or drainage, to both confirm the diagnosis through synovial fluid analysis and to alleviate symptoms caused by the fluid buildup. In cases of septic arthritis, prompt identification and management of the fluid collection can be vital for preventing joint damage and addressing the underlying infection effectively. While the other options may be relevant in different contexts, they are not typically confirmed by ultrasound in suspected cases of septic arthritis. Bone spurs, joint degeneration, and ligament tears involve different pathological processes and may require other imaging techniques or assessments for confirmation.

9. Which nerve might be implicated in pain radiating from the left groin to the medial thigh?

- A. Saphenous Nerve**
- B. Femoral Nerve
- C. Obturator Nerve
- D. Common Peroneal Nerve

The left groin pain radiating to the medial thigh is likely associated with the saphenous nerve due to its anatomical distribution and function. The saphenous nerve is a branch of the femoral nerve and is primarily responsible for providing sensory innervation to the skin of the medial aspect of the leg. While it doesn't directly affect muscle function, pain in the distribution area of the saphenous nerve can occur due to various underlying conditions, such as hernias or other groin-related issues. The femoral nerve is responsible for innervating the quadriceps muscle and providing sensation to the anterior thigh area; however, its involvement typically leads to symptoms in the anterior thigh rather than specifically the medial thigh. The obturator nerve supplies the adductor muscles and provides sensory innervation to the skin in the upper medial thigh area. Although it could be considered in a differential diagnosis for groin pain, its main area of influence is more localized and less likely to cause symptoms radiating from the groin. The common peroneal nerve primarily innervates the lower leg and foot, providing sensation to the anterior and lateral aspects, thus it is not typically implicated in pain originating from the groin radiating to the thigh region. In

10. Which medical condition significantly increases the risk of developing adhesive capsulitis after a labral repair?

- A. Hypertension
- B. Diabetes mellitus**
- C. Osteoarthritis
- D. Hypothyroidism

Diabetes mellitus is known to significantly increase the risk of developing adhesive capsulitis, commonly referred to as frozen shoulder, especially following a procedure like a labral repair. In individuals with diabetes, particularly those with poorly controlled blood sugar levels, there is a higher likelihood of experiencing alterations in joint mobility and soft tissue health. The pathophysiology of adhesive capsulitis is not entirely understood, but it is thought to involve inflammatory processes that lead to the thickening of the shoulder capsule, resulting in pain and restricted motion. In diabetics, there are changes at the cellular level that can impair the healing process and increase the likelihood of adhesive capsulitis after surgical interventions. This association is prominent enough that clinicians often monitor diabetic patients more closely for signs of adhesive capsulitis postoperatively. In contrast, conditions like hypertension, osteoarthritis, and hypothyroidism do not have the same strong correlation with adhesive capsulitis development after surgical repair, making diabetes mellitus the most significant risk factor in this context.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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